VICARIOUS TRAUMATISATION

HELPING THE HELPERS

Housekeeping & Trigger Warning

O We will be talking about trauma and potentially trauma activating topics.

O Please look after yourself – chat with us or turn your camera off if that helps.

WHAT DO WE MEAN?

O **Vicarious trauma**: is a transformation in the self of a trauma worker or helper that results from empathic engagement with traumatised clients and their reports of traumatic experiences. Its hallmark is disrupted spirituality, or a disruption in the trauma workers' perceived meaning and hope.

TRAUMA?

O Small T's that can add up

O Neglect

O Abuse – physical, sexual, psychological, financial

O Constant criticism or inability to express emotions safely

O Bullying

O Incidents – discuss exercise

HOW TRAUMA HAS A TENDENCY TO CREEP UP ON US

WHO ARE MOST AT RISK?

O Staff with early ACE's

O Exercise – ACE study

O Why would this affect us as adults? (the ace study outcomes)

O What would mitigate your score (attachment and good enough support)

O The "I just get on with things" people

HOW YOU CAN HELP

O Expect a reaction (you are human)

O Regularly monitor your burn out etc

O PROQOL complete at 3 monthly intervals

O Take responsibility for your own recovery

O Find ways of mitigating the stress we work under – hobbies, family etc

RESILIENCE

O Tenacity

O Discernment

O A support network

O Creativity

O Adaptability

O Ability to manage affect

O Ability to develop a positive framework for life's issues.

POST INCIDENT REACTIONS

O 3 month guide

O Talk/express your experience and allow yourself to emotionally connect to the event

O DO NOT AVOID OR BLOCK – Those who are most affected are those of us who would say "I just get on with it."

O Normalise but keep an eye on what is happening

What symptoms would we see?

Signs and symptoms:

O Having difficulty talking about their feelings

O Free floating anger and/or irritation

O Startle effect/being jumpy

O Over-eating or under-eating

O Difficulty falling asleep and/or staying asleep

O Losing sleep over patients

O Worried that they are not doing enough for their clients

O Dreaming about their clients/their clients' trauma experiences

Signs and symptoms:

O Diminished joy toward things they once enjoyed

O Feeling trapped by their work as a counselor (crisis counselor)

O Diminished feelings of satisfaction and personal accomplishment

O Dealing with intrusive thoughts of clients with especially severe trauma histories

O Feelings of hopelessness associated with their work/clients

O Blaming others

What might we see at work?

Behaviour:

O Frequent job changes
O Tardiness
O Free floating anger/irritability
O Absenteeism
O Irresponsibility
O Overwork
O Irritability
O Exhaustion
O Talking to oneself (a critical symptom)
O Going out to avoid being alone
O Dropping out of community affairs
O Rejecting physical and emotional closeness
O

Interpersonal:

- Staff conflict
- Blaming others
- Conflictual engagement
- Poor relationships
- Poor communication
- Impatience
- Avoidance of working with clients with trauma histories
- Lack of collaboration
- Withdrawal and isolation from colleagues
- Change in relationship with colleagues
- Difficulty having rewarding relationships

Personal values/beliefs:

O Dissatisfaction
O Negative perception
O Loss of interest
O Apathy
O Blaming others
O Lack of appreciation
O Lack of interest and caring
O Detachment
O Hopelessness
O Low self image

Personal values/beliefs:

O Worried about not doing enough

O Questioning their frame of reference – identity, world view, and/or spirituality

O Disruption in self-capacity (ability to maintain positive sense of self, ability to modulate strong affect, and/or ability to maintain an inner sense of connection)

O Disruption in needs, beliefs and relationships (safety, trust, esteem, control, and intimacy)

Job performance:

- O Low motivation
- O Increased errors
- O Decreased quality
- O Avoidance of job responsibilities
- O Over-involved in details/perfectionism
- O Lack of flexibility

Overlaps
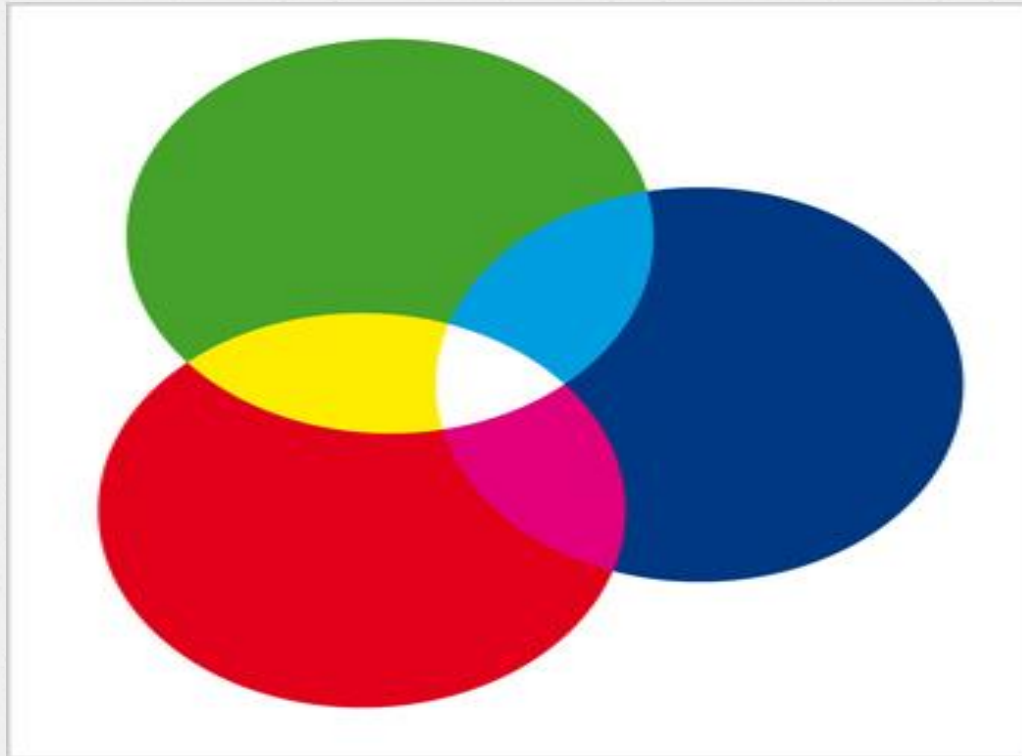
Why?

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."

Dr. Naomi Rachel Remen

Burnout

O Burnout is the index of the dislocation between what people are and what they have to do. It represents an erosion in values, dignity, spirit and will; an erosion of the human soul.

O Maslach and Leiter (1997)

Sources of Burnout

O Burnout is not a problem of the people themselves but of the social environment in which people work.

O What do people think are the 6 areas research shows are the sources?

6 Sources

1. Work overload
2. Lack of Control
3. Insufficient reward
4. Unfairness
5. Breakdown of community
6. Value conflict

Burnout creation and prevention

Burnout Creation

O Work overload

O Lack of control

O Insufficient reward

O Breakdown of community

O Unfairness

O Significant value conflicts

O Lack of fit incongruence between person and job

Burnout prevention

O Sustainable workload

O Feelings of choice and control

O Recognition and reward

O A sense of community

O Fairness respect and justice

O Meaningful valued work

O High job-person fit

What can support you in doing this work?

O **Supervision** - supervision should provide a forum where you feel safe to discuss the impacts of the work on you, without fear of stigmatisation or questioning of your competence.

O **Peer supervision** - to help normalise experiences and have shared connections to reduce isolation. To feel empathy for one another as workers with compassion for one another

What can support you in doing this work?

O **Caseload** - realistic expectations of how many are on your caseload and what you can achieve. Having some autonomy and control over the allocation process can help

O **Education and training** - is essential when working in the field of trauma as it helps us cope with the difficult environment.

What can support you in doing this work?

O Personal coping strategies

O A balance between work and home and rest.

O Strong social support networks to reduce isolation and maintain a sense of trust in relationships

O Activities that prompt your sense of personal identity, e.g.. volunteering, swimming, running, what makes you, you!

What can support you in doing this work?

O **Regular leave** - this important to recharge and rest. Rather than struggling on, challenge the feeling that you are abandoning work colleagues and patients .

O **Humour** - if we are seeing life at work through the darkness that is trauma, we need light in other areas. Watch the funny movie rather than the serious documentary all the time.

What can support you in doing this work?

O Wellbeing

O Self care is **not** being selfish - if we do not take time for our wellness we will have to make time for our illness.......

O Self care means that we can be present with the people we work with more if we have the personal reserves to call on.

Create a psychologically safe environment at work:

O **Notice and appreciate the positives:** balance is important in respect emotional wellbeing.

O **Live to learn:** challenges can enable growth.

O **Be kind:** perspective is important.

O **Take care of yourself:** good health is important.

O **Humour:** laughter can be pain relieving.

O **Team work:** networks of support are essential.

O **Develop goals:** drive and motivation are important.

O **Hope:** Maintain a positive outlook, this can enable change.

Accessing support

O Recognising when you need support is important

O Take personal responsibility for your wellbeing

O Check-in with your colleagues regularly

O Links to local and national services (local IAPT services, GP's, employment led psychology services, helplines, self-help resources).

Thank you for listening!